

Before completing this form, read the instructions (DDE-2571A). Use black or blue ink.

Name of Person Applying for Caretaker Supplement (Last, First, MI)	Telephone Number (include area code)
Address (Street, City, State, Zip Code)	Mailing Address (only if different from residence)

[illegible]

SECTION III – ABSENT PARENT INFORMATION (Refer to instructions to complete this section.) (Add a second sheet if more room is needed)

Do any children have a natural or adoptive mother or father who is not living at home? ☐ Yes ☐ No (If yes, complete below. If no, go to Section IV)

Name of Parent (Last, First, MI)	Social Security Number	Date of Birth	Name(s) of Child(ren)	Relationship to Child <input type="checkbox"/> Mother <input type="checkbox"/> Father
				<input type="checkbox"/> Mother <input type="checkbox"/> Father

Reason for Parent's Absence	Date Parent Left Household	Date Last Contact With Parent	Court Order of Divorce / Paternity Case Number	County	State

SECTION IV – EMPLOYMENT

Are you or any household members working?

☐ Yes ☐ No (If you answered "Yes", complete below. If no, go to Section V)

Is anyone listed below a migrant worker?

☐ Yes ☐ No

Name of Working Person	Employer (Name, Address and Telephone)	Date Employment Began	Gross Monthly Earnings Expected This Month (Before taxes and deductions)	Gross Monthly Earnings Expected Next Month (Before taxes and deductions)

SECTION V – SELF-EMPLOYMENT

Are you or any household members self-employed? ☐ Yes ☐ No (If you answered "Yes", complete below. If no, go to Section VI.)

Name (Last, First, MI)	Business (Name and Address)	Type of Business	Net Annual Income	Depreciation Amount Claimed	Income You Expect to Earn This Year

SECTION VI – UNEARNED INCOME (Refer to instructions to complete this section.)Does anyone in your household receive unearned income? ☐ Yes ☐ No (If you answered "Yes", complete section below for each income type. If no, go to Section VII.)

Type of Income	Yes / No	Name	Gross Monthly Amount	Type of Income	Yes / No	Name	Gross Monthly Amount
Social Security / Supplemental Security Income (SSI)	<input type="checkbox"/> Yes <input type="checkbox"/> No		\$	Disability / Sick Pay	<input type="checkbox"/> Yes <input type="checkbox"/> No		\$
Maintenance / Child Support	<input type="checkbox"/> Yes <input type="checkbox"/> No		\$	Interest / Dividends	<input type="checkbox"/> Yes <input type="checkbox"/> No		\$
Workers Compensation	<input type="checkbox"/> Yes <input type="checkbox"/> No		\$	Veterans Benefits	<input type="checkbox"/> Yes <input type="checkbox"/> No		\$
Unemployment Insurance	<input type="checkbox"/> Yes <input type="checkbox"/> No		\$	Other Income (describe)	<input type="checkbox"/> Yes <input type="checkbox"/> No		\$

SECTION VII - ASSETS

List all assets owned by the applicant(s). Include assets owned jointly. Do not include the value of personal household belongings, unless of unusual value. Do not include assets of any household member that is receiving SSI. (Add a second sheet of paper if more room is needed.) (List vehicles in Section VIII)

Type of Asset	Name of Owner(s)	Current Value	Description (e.g. Bank / Financial Institution Name, Account Number)	Name of Owner(s)	Current Value	Description (e.g. Bank / Financial Institution Name, Account Number)
Cash		\$			\$	
Checking Account		\$			\$	
Savings Account		\$			\$	
Real Estate/Property		\$			\$	
Burial Assets/ Burial Insurance		\$			\$	
Life Insurance		\$			\$	
*Other (list type)		\$			\$	

***OTHER ASSET TYPES:** Certificate of Deposit, Trust Funds or Life Estates, Stocks, Bonds, IRA, Keogh Plan or Other Tax Shelter, Farm Equipment, Livestock, Personal Property of Exceptional Value (art collections, coin collections, jewelry, etc.), Land Contracts and Mortgages, etc.

SECTION VIII - VEHICLE INFORMATION

List all vehicles owned by applicant(s). Include vehicles owned jointly with another person. (Add a second sheet of paper if more room is needed.)

Type of Vehicle	Year, Make and Model of the Vehicle	Name of the Owner(s)	How much is still owed on this vehicle?	Is this vehicle to get to medical appointments?	Is this vehicle for employment, training, school, or farming?
			\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION IX – CHILD SUPPORT (Add a second sheet of paper if more room is needed)

Does anyone pay child support? <input type="checkbox"/> Yes <input type="checkbox"/> No	Who pays for child support?	Who receives the child support payments?	Monthly Amount
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SECTION X – PREGNANCY (Add a second sheet of paper if more room is needed)

Is any member of your household pregnant? <input type="checkbox"/> Yes <input type="checkbox"/> No	Name of pregnant woman?	Due date	Are multiple births expected <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, number of babies expected?
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SECTION XI – RIGHTS AND RESPONSIBILITIES

Please read the Rights and Responsibilities section on the instructions before signing this form.

☐ I understand the questions and statements on this application form.

☐ I understand the penalties for giving false information or breaking the rules.

☐ I certify, under penalty of false swearing, that all my answers are correct and complete to the best of my knowledge, including information provided about the citizenship status of each household member applying for benefits.

☐ I understand and agree to provide documents to prove what I have said.

☐ I understand that the agency may contact other persons or organizations to obtain the necessary proof of my eligibility and level of benefits.

SIGNATURE – Applicant or Authorized Representative

Date Signed